

Docket No.: 58511-015

PATENT

AF
3600
#26^{SC}

8/16/02

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of

Christian MAYAUD

Serial No.: 09/121,596

Filed: July 24, 1998



Group Art Unit: 3626

Examiner: S. Rimell

For: **COMPUTERIZED PRESCRIPTION SYSTEM FOR GATHERING AND PRESENTING INFORMATION RELATING TO PHARMACEUTICALS (AS AMENDED)**

REPLY BRIEF

Commissioner for Patents
Washington, DC 20231

RECEIVED

JUL 22 2002

GROUP 3600

Sir:

This is a Reply Brief in response to the Examiner's Answer of May 17, 2002.

GROUPING OF CLAIMS

On page 2 of the Examiner's Answer, in paragraph 7, the Examiner implies that claims 70 and 99 and claims 79 and 80 stand or fall together. That is not the case. Claims 70 and 99 had a common argument but different wording. Therefore, even though one argument for patentability of Claims 70 and 99 is the same, the application of that argument to differently worded claims is entitled to separate consideration by the Board.

With respect to claims 79 and 80, each of these claims was separately argued on page 5 of the Appeal Brief, fifth full paragraph. Accordingly, these claims, as well, do not stand or fall together with any other claim.

RECEIVED

AUG 13 2002

Technology Center 2100

COPY OF APPEALED CLAIMS

On page 3 of the Examiner's Answer, the Examiner correctly notes that Applicant omitted reproducing claim 72 and 95-98. A new Appendix is attached to this Reply Brief which contains the proper listing of all the claims on appeal.

THE REJECTIONS

The Examiner rejected the claims as follows:

1. The Examiner rejected claims 70, 72-83, 91, 92, 94-99, 101 and 102 under 35 USC 102(e) as anticipated by Schrier et al.
2. The Examiner rejected claims 84-90 and 100 under 35 USC 103 as unpatentable over Schrier et al. in view of Ballantyne et al.

REPLY TO EXAMINER'S ARGUMENTS--ANTICIPATION

With respect to the rejections, the Examiner noted that "Appellant has not discussed or presented any arguments that address the various quotations cited from both the Schrier et al. or Ballantyne et al. references recited in the final rejection."

The Examiner should note that in a rejection under 35 USC 102, a statement that certain limitations are not shown by the reference is a sufficient traversal of rejection based on anticipation. The Examiner, in the Examiner's Answer, identifies portions of the Schrier et al. reference that purportedly anticipate claim limitations. The Examiner's identification of these portions will now be addressed.

On page 4 of the Examiner's Answer, in the third full paragraph, the

"Examiner has taken the position that no patentable weight can be attributed to the nature of the entities who run the equipment.

Examiner's rationale is both the method and the product remain the same regardless of who is actually designated as the equipment operator or beneficiary or owner. A method of sending data to a computer remains the same regardless of who owns or operates the receiving computer....The computer itself and the program to communicate with the computer remain the same."

A first response to the Examiner's position is that the functionality of which the claimed computer system is capable is enhanced by the type of entities interacting over the computer system. That is, the claimed invention can do things that could not be done by the Schrier et al. reference itself. For example, Schrier et al. cannot submit an insurance claim nor gather prescription history information from plural different sources (such as a physician practice, an insurance company and an emergency room) and integrate it for presentation to a doctor. The application software needed to interact with a plurality of diverse entities is quite different. For example, the contents of the graphical user interfaces needed for the interaction in the claimed invention are quite different from the graphical user interface that might be utilized in the Schrier et al. reference since different functions are available. The functionality provided to the user through the graphical user interface would necessarily be different and reflect the enhanced functionality that interaction with these different entities provide.

The Examiner asserts "the computer itself and the program to communicate with the computer remain the same." This is wrong. Even though the particular processor used, the operating system and the network software used by Schrier et al. and by the claimed invention might be common, the actual applications which ride on top of the operating system and utilize the network software are different and novel. The Examiner's conclusion is like saying that a Humvee and a Ferrari are the same because they each have four wheels.

The Examiner suggests that some of the "entity groupings of claims 70 and 99 are suggested by Schrier et al.", referring to column 5, line 19. The Examiner's argument is that the hospital's:

"computer is part of a hospital information system, which means that it must communicate with other departments of a hospital. These other departments read as "physician practice."

? A physician practice is not part of a hospital. The Examiner has not provided an example of a department of a hospital which would constitute a "physician practice."

Referring to "laboratories and pharmacies", the Examiner ignores the language of the claim that refers to "a pharmacy run by a different organization than the organization running the user computer." Further, the Examiner ignores the language "selectively communicating with one or more other computers run respectively by or on behalf of one or more of a group consisting of [the list of organizations]. First, the Examiner does not show that the Schrier et al. reference has the capability of selectively communicating with these groups. Further, the language of the claim clearly implies that these are each separate organizations from the organization at which the "one user computer" is located.

With respect to claim 73, the Examiner refers to column 5 of Schrier et al. to show that the "system computer of Schrier et al. operates within a network." Applicant acknowledges that Schrier et al. operates within a network.

In column 5, lines 11-23, Schrier et al. describes the system as follows:

"The system is implemented in two parts: one part is a program written in the language C, which controls the system's user interface and data files. The other part is a set of drug-specific knowledge basis and an expert system shell, NEXPERT Object, which is invoked by the C program. (NEXPERT Object is a Trademark of, and the software is available from Neuron Data, Inc. of Palo Alto, Calif.).

The system may be used by one or more users. The system will normally be installed in a hospital or other clinical setting, which will be referred to as the customer, and the customer may connect the system to other data processing systems to exchange information, such as information about patients, drug availability, and costs, or to place drug orders."

Note that the system described by Schrier et al. does not possess the claimed capability but it is the customer who must do the innovation to do any connection to other sources of information, which, in the context of the Schrier et al. patent are located within the hospital. There is no disclosure of a graphical user interface which would enable the functionality claimed in these claims.

With respect to claim 74, which requires the step of "gathering information for more than one of said one or more other computers and compiling that information into a prescription history for a patient", the Examiner merely states that Schrier et al. "illustrate the interaction of network computers to compile patient's data which may also include a prescription history." There is no teaching or suggestion of compiling a prescription history let alone compiling one from a plurality of computers are required by the claim. Column 6, lines 5-11 of the specification of Schrier et al. do not teach or suggest such a prescription history. Figure 11, block 312 of Schrier et al. is a list of physicians' orders. However, the physicians' orders are not gathered from a plurality of computers external to the hospital to provide a complete prescription history. Rather, they merely reflect the orders for a particular patient during an admission.

With respect to claim 75, the Examiner again ignores claim limitations. Claim 75 requires "gathering information for more than one of said one or more other computers and compiling that information into said information about pharmaceuticals."

As pointed out above, Schrier et al. do not gather information from other computers, let alone from more than one other computer. As noted above, Schrier et al.'s system is implemented with "drug-specific knowledge basis and an expert system shell." This is where the system of Schrier would get information about pharmaceuticals.

With respect to claims 79 and 80, the Examiner acknowledges that Schrier et al. does not teach the step of arranging drugs in order of body systems. Accordingly, the Examiner implicitly concedes he has no evidence with which to reject claim 79. Figure 3 of Schrier et al., referred to by the Examiner, does appear to suggest an arrangement of data by drug categories. Accordingly, Applicant will withdraw the separate contest of claim 80 and claim 80 will stand or fall with its parent claim 70.

Claim 81 requires that "when a pharmaceutical is prescribed for a condition, and the pharmaceutical is not the best first line agent for treatment of that condition, suggesting an alternative pharmaceutical to be prescribed instead." The Examiner refers to Figure 9 of Schrier et al. as meeting these limitations. Applicant respectfully disagree. There is nothing in Figure 9 which suggests the conditional nature of the display required by claim 81. Figure 9 of Schrier et al. shows a plurality of drugs appropriate for a particular condition. There is no suggestion that the display of alternative agents occurs when a pharmaceutical is prescribed for a condition as required by claim 81.

Claim 82 requires "retrieving guidelines relating to the use of said alternative pharmaceutical using said graphical user interface." The Examiner refers to the "dosage guidelines" shown in Figure 9 of Schrier et al. as meeting this limitation. However, Figure 9 does not permit "retrieving guidelines... using said graphical user interface" as required by claim 82.

Claim 83 requires "arranging information about a patient's prescription history by condition for which a prescription was written." Figure 11, referred to by the Examiner as purportedly showing this feature, does not, in fact, show the claimed limitation.

Claim 91 requires "interrogating databases located remotely from said location expected to contain information about a patient based on a patient's relationship with the provider of that database; and assembling patient information into a chronologically current version of said patient's medical history." Neither the quotation from column 5 nor Figure 11 of Schrier et al. teach or suggest this limitation. Any databases interrogated in Schrier are located locally not remotely. Further, Figure 11 addresses orders for a patient given during a particular admission. It does not include prescriptions from other prescribing organizations such as a physician's practice, emergency room of another hospital or records maintained by the patient's insurer. Schrier et al. do not combine prescription information from a variety of sources such as these in order to present a chronological prescription history.

With respect to claim 92, the Examiner argues that discarding a version of a patient's medical history without creating a file copy is "an inherent feature of a standard computer system with a random access memory." Standard computer systems with random access memory don't interrogate remote data bases and assemble a set of information about a patient in chronological order of the patient's medical history let alone do so without creating a file copy. There are reasons why any display created should be transitory. Privacy considerations and memory storage considerations require that a compiled medical history be discarded without creating a file copy. It also facilitates compliance with the licensing requirements and the Copyright requirements for access to other databases.

With respect to claim 94, Schrier et al. do not compile information about prescriber activity. Neither Figure 2, nor column 21, lines 30-65, nor the other citations previously referred to by the Examiner teach or suggest maintaining information about what a particular prescriber does. This allows, for example, review of a physician's prescribing activities to see if there might be patterns which indicate excessive use or abuse of prescription drugs.

With respect to claim 95, the Examiner states "Appellant argues that the prescriber data cannot be shared." That was not Appellant's argument. Appellant argued that claim 95 requires that "said information about individual prescriber activities is stored on said user computer and also on another computer." That is not taught or suggested by Schrier et al.

Claim 96 requires that the "information about a patient's medical history includes identification of one or more prescriptions and an identification of a person who prescribes said one or more prescriptions." The portions of the specification referred to by the Examiner do not teach this limitation.

With respect to claim 97, the Examiner reads the "health ID" number illustrated in column 21, line 42 of Schrier et al. as "contact information" within the meaning of claim 97. Claim 97 actually requires "identification of how to contact" the prescribing physician. The health ID referred to by the Examiner does not meet the language of the claim.

With respect to claim 98, the Examiner states "Appellant argues that the system computer of Schrier et al. does not store data or suggested medication dosages." This is incorrect. Appellant's argument was that claim 98 requires that the "graphical user interface includes providing suggestions to a provider for dosages based on said patient's medical history." There is no suggestion in Schrier et al. that the dosages suggested are based on a patient's medical history.

With respect to claim 99, the Examiner ignores the language of the claim requiring "instructions to communicate with one or more other computers run respectively by or on behalf of one or more of a group consisting of" the organizations previously discussed.

With respect to claim 101, the Examiner ignores limitation b. Schrier et al. do not interrogate databases remotely from their computer and then compile information from the diverse sources into a chronologically current version of the patient's medical history.

With respect to claim 102, the Schrier et al. reference does not gather the types of information recited in the claim from "one or more databases located remotely from a computing device running said computer program."

Thus, each of the claims rejected as anticipated by Schrier et al. contains limitations which provide functionality beyond that taught or suggested by Schrier et al.

The Examiner has failed to establish a prima facie case of anticipation with respect to these claims because the Examiner, by his own admission, has determined that certain language in the claims is not susceptible to imparting patentability to the claims. The Examiner's position is contrary to the statute and contrary to the case law interpreting 35 USC 102. See, for example, the recent decision of the Court of Appeals for the Federal Circuit in Docket No. 00-1158 decided January 18, 2002 (*In re Lee*).

REPLY TO EXAMINER'S ARGUMENTS--OBVIOUSNESS

The Examiner rejected claims 84-90 and 100 under 35 USC 103 as unpatentable over Schrier et al. in view of Ballantyne et al.

The Schrier et al. reference is defective for the reasons indicated above.

The Examiner, in the Examiner's Answer has stated:

"Appellant's own specification at the last line of page 19, the first line of page 20, and the 20th line of page 20, provide the necessary definition for the personal digital assistant (PDA). In Appellant's specification, these PDA devices are described as 'handheld' and keyless or 'minimally keyed'. Thus, if a personal data assistant of Ballantyne et al. has these features, it can properly be construed as a "personal digital assistant."

In the Examiner's Answer, the Examiner has extracted a tiny portion of Appellant's specification out of context and then said that Appellant has "defined" a PDA as having only the characteristics shown in that brief extract. In fact, the specification goes to great length to distinguish a "personal digital assistant" from other types of devices. Consider the following ten portions of Appellant's specification.

"1. More recently, small handheld or palm computers known as personal digital assistants or personal information communicators have become available. An example is the Apple NEWTON (trademark). As of summer 1994, these are rather rudimentary devices as compared with desktop or full-powered portable systems, having modest permanent and RAM storage capacities and limited processing and communications abilities. Attractive to busy mobile professionals for their small size, such handheld computers can also embody highly desirable radio wave or infrared wireless communications abilities enabling them to exchange data with host systems without the cost or inconvenience of hard wiring.

Such portable hand held radio communicating computing devices are attractive for computerizing mobile professionals such as physicians, but their processing and storage limitations represent a real problem in providing a sophisticated, capable and attractive system for physicians.

A broad objective of this invention is to provide a prescription management system that can be used by physicians on such mobile computing devices.

Page 8, lines 1 to 23.

2. The prescription management system shown in this embodiment of the invention has been designed for

implementation on physically compact, portable, user-interface devices such as small portable personal computers, especially hand held devices known as personal digital assistants. Those skilled in the art will understand that the system can readily be used on or adapted to other hardware platforms, for example, a physician's desktop computer and can be expressed in different software interfaces from that shown, especially ones that use different input devices such as keyboards, touch pads or touch screens and the like.

Page 19, line 23 to page 20, line 7.

3. Ease of use and suitability of the system to keyless or minimally keyed platforms, especially PDA's is promoted by minimizing the need for actual text or data entry by the user and by emphasizing instead data selection from extensive, preferably comprehensive, data lists. Preferred embodiments of the invention allow quick pen selection of data items through columnar pick lists.

Cited by the Examiner. Page 20, lines 19 to 25.

4. Where the user device is more powerful than present-day PDA's, for example a present-day desktop computer or perhaps the PDA's of the future, more processing and data storage functions can be retained at the user device rather than delegated to the network.

Page 29, lines 19 to 23.

5. Interface devices 200 are depicted as small form factor, handheld devices, or PDA's, communicating wirelessly over a WAN, a proprietary wireless service, or a cellular digital packet data service, or the like. Desktop computer 201, which may be a portable, notebook or other higher form factor computer, connected to communications gateway-router 204 via a local area network labeled LAN.sub.1 which connection could equally well be via modem, infra-red, wireless or the like, depending upon the circumstances. Any suitable network may be used, depending upon the user's equipment and the location of desired resources. Wired or wireless, local or wide area networks, or mixed networks, are suitable.

Page 124, line 24 to page 125, line 9.

6. Emphasis on preferred, historical or customized short lists of drugs and conditions enables an attractive working environment to be provided even on relatively low power PDA's. Short list data may be maintained on the user device providing rapid responses in the user's most common prescribing situations. Less common situations entail calls to the host computer facility, in which circumstances delays of a few seconds while data is retrieved from the network are quite acceptable.

Page 139, line 26 to page 140, line 8.

7. The Prescription Management System shown in this embodiment of the invention has been designed for use with small portable personal computers, especially hand held devices known as personal digital assistants. Those skilled in the art will understand that the system can readily be used on or adapted to other hardware platforms, for example, a physician's desk top computer and can be expressed in different software interfaces from that shown.

Page 32, lines 5 to 12.

8. The programming language used to write system software depends upon the environment of the various system components. In their present stage of development, some handheld PDA's require applications to be written with the tools provided by their respective operating systems such as NEWTON or MAGIC CAP (trademarks). For other devices such as those supporting Microsoft's WINDOWS (trademark) operating system, including some PDA's, a range of languages can be used including for example, popular programming languages such as Microsoft Corporation's "C" or Borland International's "C++". For Apple Computer's MACINTOSH (TRADEMARK)-based systems, languages such as THINK (TRADEMARK) are appropriate.

Page 140, line 25 to page 141, line 11.

9. The system is particularly advantageous when implemented on any of a variety of portable computer stations especially handheld units such as personal digital assistants and other personal information communicators equipped with wireless communicators. A preferred embodiment for mobile professionals comprises such a handheld unit with two-way radio or infrared communication facilities. Some such devices are referenced in a "BUYER'S GUIDE: PERSONAL DIGITAL ASSISTANTS" PC

WEEK Aug. 29, 1994, pages 89 and 94 the disclosure of which is hereby incorporated herein by reference thereto.
Page 141, lines 13 to 23.

10. It will be understood that the systems and software referenced herein include, either explicitly, or implicitly, software implemented on computers or other appropriate hardware, including user devices such as the personal digital assistants described herein, and such other intelligent data processing devices having a processor, data storage means and the ability to support an operating system, with or without user interfaces (for example, file servers,), as may be useful in achieving the objectives of this invention."
Page 148, line 20 to page 149, line 3.

The Examiner has ignored the vast majority of the references in the specification of this application relating to "personal digital assistant" or "PDA." Instead, the Examiner extracted two properties of a PDA out of context in quotation number 3 and ignored the remaining quotations. In fact, the Examiner ignored quotation 1 which discussed the apple NEWTON as an example of a "small hand held or Palm computer known as personal digital assistants."

In quotation number 2, personal digital assistants are distinguished from "small portable personal computers" and in quotation 5, PDAs are distinguished over "desktop computer 201, which may be a portable, notebook or other higher form factor computer."

It is clear that in Ballantyne et al. a notebook size computer is utilized which is designed to "replace the paper clipboard and allow the user to interface to an electronic database." See column 13, lines 40, 43 and 44 of Ballantyne et al.

Each of the ten quotations from the specification of this application illustrate the proper meaning to be given to the term "personal digital assistant" as utilized in the claims of this application. The Examiner's selective use of two properties of a PDA is both out of context and misleading.

Further, the "personal data assistants" of the Ballantyne et al. reference are maintained at the nursing station and are not personal to the individual who uses the "personal data assistant". See column 12, line 12 of Ballantyne et al., et seq. Like the clipboard it replaces, the "personal data assistant" of Ballantyne et al. is used by a plurality of different individuals. It is therefore quite different from the "personal digital assistant" of the application which is truly a device personal to an individual.

It is also quite clear that one could not substitute a "personal digital assistant" for the user computer (112) in Schrier et al. This is because personal digital assistants, even advanced personal digital assistants, lack the computing power, by design, to implement the functionality of the user computer 112 in Schrier et al.

Further, if one were to substitute the "personal data assistant" of Ballantyne et al. for the user computer of Schrier et al., there would be no "advantage of mobility" since the personal data assistant of Ballantyne et al. is designed to be maintained in the nurse's station and not to travel with a particular individual, such as a doctor.

For the reasons indicated, the Examiner has failed to establish prima facie case of obviousness. Ballantyne et al. does not meet the terms of the claims any more than Schrier et al. does. Further, even if combined, the two systems would not achieve the benefits of the claimed invention referred to in the discussions above.

One cannot simply ignore claim limitations in either rejection based on anticipation or obviousness, especially since the recent decision of the Court of Appeals for the Federal Circuit in Docket No. 00-1158 decided January 18, 2002 (*In re Lee*).

Accordingly, Appellant respectfully requests that the Board of Patent Appeals and Interferences reverse the Examiner's rejections.

To the extent necessary, a petition for an extension of time under 37 C.F.R. 1.136 is hereby made. Please charge any shortage in fees due in connection with the filing of this paper, including extension of time fees, to Deposit Account 500417 and please credit any excess fees to such deposit account.

Respectfully submitted,

MCDERMOTT, WILL & EMERY



David L. Stewart

Registration No. 37,578

600 13th Street, N.W.
Washington, DC 20005-3096
(202)756-8000 DLS:kap
Facsimile: (202)756-8087
Date: July 17, 2002

REVISED APPENDIX

70. A method of using a computerized prescription system, having at least one user computer and a graphical user interface, the method comprising the steps of:

- a. permitting capture of prescription information and
- b. selectively providing access to all of (1) information about a patient's prescription history, (2) information about pharmaceuticals arranged by medical conditions for which the pharmaceuticals are suitable for treating, and (3) information about the properties of pharmaceuticals using said user interface, and
- c. selectively communicating with one or more other computers run respectively by or on behalf of one or more of a group consisting of (a) a Health Maintenance Organization, (b) an insurance company, (c) a drug benefit plan, (d) a pharmacy run by a different organization than the organization running the user computer, (e) a laboratory, and (f) a physician practice.

72. The computerized prescription system of claim 70, in which said one or more computers further includes at least one computer run by or on behalf of a hospital.

73. The method of claim 72, further comprising the step of gathering information from more than one of said one or more other computers and presents that information to a user through said graphical user interface.

74. The method of claim 73 further comprising the step of gathering information from more than one of said one or more other computers and compiling that information into a prescription history for a patient.

75. The method of claim 73, further comprising the step of gathering information from more than one of said one or more other computers and compiling that information into said information about pharmaceuticals.

76. The method of claim 73, further comprising the step of gathering information from more than one of said one or more other computers and compiling that information into said information about the properties of pharmaceuticals.

77. The method of claim 70, further comprising the step of permitting a user to send a prescription directly to a pharmacy to be filled over said communications medium, using said graphical user interface.

78. The method of claim 70, further comprising the step of selectively arranging information about pharmaceuticals in at least two of (1) the order of frequency with which pharmaceuticals are prescribed by a user, (2) in alphabetical order, (3) in order of condition treated and (4) in order of pharmaceuticals prescribed for a particular patient.

79. The method of claim 70, further comprising the step of arranging information about pharmaceuticals in order of the body system treated by the pharmaceuticals.

80. The method of claim 70, further comprising the step of selectively arranging information about pharmaceuticals by drug category.

81. The method of claim 70, further comprising the step of when a pharmaceutical is prescribed for a condition, and the pharmaceutical is not the best first line agent for treatment of that condition, suggesting an alternative pharmaceutical to be prescribed instead.

82. The method of claim 81, further comprising the step of retrieving guidelines relating to the use of said alternative pharmaceutical using said graphical user interface.

83. The method of claim 70, further comprising the step of said arranging information about a patient's prescription history by condition for which a prescription was written.

84. The method of claim 70, in which said user computer is a personal digital assistant.

85. A computer implemented method of creating a prescription, comprising the steps of:

a. capturing prescription information using a computer interface of a personal digital assistant;

b. formatting said prescription information for communications; and

c. sending said prescription formation to a pharmacy located remotely from a facility at which said prescription information is captured over a communication link to be filled.

86. The method of claim 85, in which said prescription information includes the condition to be treated by the prescribed item.

87. The method of claim 85, in which said prescription information is selected from a predefined list.

88. The method of claim 87, in which said predefined list is arranged in order of frequency of prescription for a specified condition to be treated.

89. The method of claim 87, in which said predefined list is arranged in order of cost.

90. The method of claim 87, in which said predefined list is arranged in order of therapeutic preference according to drug formulary guidelines.

91. A method of compiling a patient record at a location, comprising the steps of:

a. interrogating databases located remotely from said location expected to contain information about a patient based on a patient's relationship with the provider of that database; and

b. assembling patient information into a chronologically current version of said patient's medical history.

92. The method of claim 91, further comprising the step of discarding said current version of said patient's medical history without creating a file copy.

94. A method of using a computerized prescription system, having at least one user computer, said user computer having a graphical user interface comprising the steps of:

- a. permitting capture of prescription information and
- b. providing access to all of (1) information about a patient's medical history, (2) information about therapeutic agents and (3) information about individual prescriber activity, wherein the information from only databases located remotely from the location of said user computer.

95. The system of claim 94 in which said information about individual prescriber activity is stored on said user computer and also on another computer.

96. The system of claim 94 in which said information about a patient's medical history includes identification of one or more prescriptions and an identification of a person who prescribed said one or more prescriptions.

97. The system of claim 96 in which said identification of a person who prescribed said one or more prescriptions includes identification of how to contact said person who prescribed said one or more prescriptions.

98. The system of claim 94 in which said graphical user interface includes providing suggestions to a provider for dosages based on said patient's medical history.

99. A computer program product, comprising:

a. a memory medium; and

b. a computer program stored on said memory medium, said computer program containing instructions for capturing prescription information and providing access to all of (1) information about a patient's prescription history, (2) information about pharmaceuticals arranged by medical conditions for which the pharmaceuticals are suitable for treating, and (3) information about the properties of pharmaceuticals, wherein said computer program comprises further instructions to communicate with one or more other computers run respectively by or on behalf of one or more of a group consisting of (a) a Health Maintenance Organization, (b) an insurance company, (c) a drug benefit plan, (d) a pharmacy run by a different organization than the organization running the user computer, (e) a laboratory, and (f) a physician practice.

100. A computer program product, comprising:

a. a memory medium; and

b. a computer program stored on said memory medium, said computer program containing instructions for capturing prescription information using a computer interface of a personal digital assistant, for formatting said prescription information for communications; and sending said prescription formation to a pharmacy located remotely from said personal digital assistant over a communication link to be filled.

101. A computer program product, comprising:

a. a memory medium; and

b. a computer program stored on said memory medium, said computer program containing instructions for interrogating databases remotely located from a computer running said computer program expected to contain information about a patient based on a patient's relationship with the provider of that database; and for assembling patient information into a chronologically current version of said patient's medical history.

102. A computer program product, comprising:

a. a memory medium; and

b. a computer program stored on said memory medium, said computer program containing instructions for implementing a graphical user interface permitting capture of prescription information and providing access to all of (1) information about a patient's medical history, (2) information about therapeutic agents and (3) information about individual prescriber activity, wherein the information is obtained from one or more databases located remotely from a computing device running said computer program.